

# Response Time Standard

Emergency Services Committee  
April 21, 2021

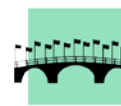
2019-2027 Strategic Plan Priorities



# Response Time Standard

## Background:

- ▶ Effective January 1, 2013 the MOHLTC established a mandatory regulation for Response Time Standards
- ▶ Municipalities are responsible to establish a Response Time Standard plan as set out in Regulation 257/00 under the Ambulance Act
- ▶ Response Time Standard is defined from the time a call for emergency ambulance is received until arrival of an ambulance or qualified first responder on scene.
- ▶ City Council is responsible to approve response time targets on six (6) call severity categories for our municipality



# Response Time Standard Call Severity Categories

## Canadian Triage Acuity Scale (CTAS)

- ▶ The response time standards utilize the Canadian Triage Acuity Scale
- ▶ CTAS is a medically proven triage tool currently utilized by all hospitals and paramedics in Ontario

## Reportable Call Criteria:

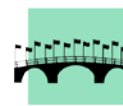
- ▶ Sudden Cardiac Arrest (SCA) within six minutes
- ▶ CTAS 1 within eight
- ▶ CTAS 2,3,4 and 5 within the response time targets set by the upper-tier municipality

# Key Aspects of the Regulations

- ▶ Multiple response time targets based on medically relevant categories
- ▶ Each service can have more than one plan
- ▶ The targets of time and percentile performance can be maintained or modified throughout the year at the discretion of council

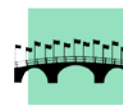
## **The timelines for submission and reporting:**

- ▶ October 31 of each year report to the MOHLTC the response time standards for the upcoming year
- ▶ By March 31 of each year, file the previous year's response time actuals with the MOHLTC



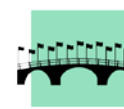
# Response Time Standard 2021

Level of Acuity	Time	Percentage
Sudden Cardiac Arrest	6 minutes (set by MOHLTC)	70%
CTAS 1	8 Minutes (set by MOHLTC)	80%
CTAS 2	10 Minutes	85%
CTAS 3	15 Minutes	85%
CTAS 4	15 Minutes	85%
CTAS 5	15 Minutes	85%



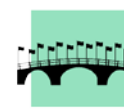
# Response Time Standards: 2017 to 2020

Level of Acuity	Types of Call	Approved RTS%	% RTS 2017	% RTS 2018	% RTS 2019	% RTS 2020
<b>Sudden Cardiac Arrest</b>	Patient has no vital signs	70%	73%	70%	58%	60%
<b>CTAS 1</b>	Critically ill or have potential for rapid deterioration	80%	80%	79%	76%	80%
<b>CTAS 2</b>	Potential to life, limb, or function, requiring rapid medical intervention, controlled acts	85%	88%	86%	88%	86%
<b>CTAS 3</b>	May progress to serious problem. Associated with significant discomfort or affecting ability to function.	85%	97%	97%	97%	96%
<b>CTAS 4</b>	Conditions that would benefit from intervention or reassurance	85%	98%	98%	97%	97%
<b>CTAS 5</b>	Non urgent, chronic, without evidence of deterioration	85%	97%	98%	98%	97%



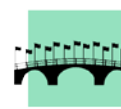
# Comparison to Other Services

Level of Acuity	Type of Call	CGS Approved RTS	Hamilton Approved RTS	York Approved RTS	Waterloo Approved RTS
<b>Sudden Cardiac Arrest</b>	Patient has no vital signs (6 minutes)	70%	75%	60%	50%
<b>CTAS 1</b>	Critically ill or have potential for rapid deterioration (8 minutes)	80%	75%	75%	70%
<b>CTAS 2</b>	Potential to life, limb, or function, requiring rapid medical intervention, controlled acts	10 min 85%	10 min 75%	10 min 80%	10 min 80%
<b>CTAS 3</b>	May progress to serious problem. Associated with significant discomfort or affecting ability to function.	15 min 85%	15 min 75%	15 min 90%	11 min 80%
<b>CTAS 4</b>	Conditions that would benefit from intervention or reassurance	15 min 85%	20 min 75%	20 min 90%	12 min 80%
<b>CTAS 5</b>	Non urgent, chronic, without evidence of deterioration	15 min 85%	25 min 75%	25 min 90%	12 min 80%



# Response Time Standard Strategies

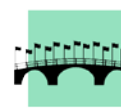
- ▶ Review call volume trends
- ▶ Review deployment strategies to meet evolving demands
- ▶ Continue to review medical tiered response protocol with Fire Services
- ▶ Evaluate the local public access defibrillation program
- ▶ Participating in the ORH project





# Conclusion

- ▶ Paramedic Services has submitted our Response Time Standard for 2020 to the MOHLTC
- ▶ Evaluate system performance
- ▶ Analyze our Response Time Standard plan
- ▶ Pursue opportunities to meet the Response Time Standard percentages
- ▶ Continue to update Emergency Services Committee on Response Time Standard reporting



# Questions?

